

PROOF OF CLAIM

Name of Debtor
Debit Corporation of America, Inc.

Case Number
04-14360 - BKC - AJC

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. (See Local Rule 3001-1(B))

IMPORTANT: THIS CLAIM FORM
SHOULD ONLY BE USED BY THE
CREDITOR WHOSE NAME IS
PRINTED ON THIS CLAIM FORM.

Name of Creditor (The person or other entity to whom the debtor
owes money or property):

Kimberly Linen

Name and Address where notices should be sent:

Kimberly Linen
5085 Lexington Ave.
Stone Mountain GA 30087-3616

Frank B. Perry
346 Old County Rd
Ringgold, GA 30736

- ☐ Check box if you are aware that U.S. anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☒ Check box if the address differs from the address on the envelope sent to you by the court.

CLERK
BANKRUPTCY CT
SD OF FLA.
MIA - OFFICE

Telephone Number: 706-965-8639

Account or other number by which creditor identifies debtor:
(If SS# only list last 4 digits of SS#):

Check here if ☐ replaces
this claim ☐ amends a previously filed claim, dated _____

1. Basis for Claim

- ☐ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☒ Other Consumer Fraud

- ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Last four digits of SS #: xxx-xx-
- Unpaid compensation for services performed
from _____ to _____
(date) (date)

2. Date debt was incurred:

1-12-04

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 19,490 + + _____ + _____ = _____
(Unsecured Nonpriority) (Secured) (Unsecured Priority) (Total)

Complete items 5, 6, and 7 (as applicable) to further describe the amount(s) you indicated in item 4.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at the time the case was filed included in secured claim, if any: \$ _____

6. Unsecured Nonpriority Claim \$ 19,490 +

☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

7. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().

*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. Supporting Documents: Attach legible copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages (See reverse for instructions)

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Research and/or copy charges will apply for future copy requests of claims.

THIS SPACE IS FOR COURT USE ONLY

35
43

Date
6-22-04

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Frank B. Perry, Attorney Frank B Perry

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

WACHOVIA

Funds Transfer Request

For Use by CMG Field Personnel Only (not for branch use)

 Callback
Required
(Yes or No)

NO

Initiator's Signature

016451

Customer Accepting Call Back/Phone Number

Verifier's Signature

Preparer's Signature

Account Status

Sufficient (Audio Checked)

Not Sufficient (NSF)

SUFFICIENT

Authorized Signature

NSF Only

NSF Source of Funds

Credit Approver Name (Please Print)

Date

Time of Call

Funds Transfer

WACHOVIA BANK, N.A.

Current Date

01/12/04

Control Number

100075

Domestic or International

Non-Repetitive or Repetitive

Line Number

Amt Verify Cd

Verify I.D.

Type (Fed, Book, Other)

DOMESTIC

NON-REPETITIVE

0

FED

Caller

Branch or Department

Request Type (Fax, Phone, Walk-in)

2045957

WALK-IN

Description 2 (GL)

Executive Date

Domestic Transfer Amount

Type Currency

01/12/04

Foreign Amount

\$

19,490.00

Exchange Rate

Contract Number / Provided By

U.S. Dollar Amount

Int'l Transfer Amount

\$

\$

Originator

Name

KIMBERLY S. LINEN

Org

5

Account Number

1080002521247

Address

5085 LEXINGTON AVE.

City

State

Zip

Country

STONE MOUNTAIN GA

30087

058684969

GADL

GADL

050419

Receiving Bank

Name

SUNTRUST BANK OF SOUTH FLORIDA NA

R/T Number

061000104

Address

1900 E HALLANDALE BEACH BLVD

City

State

Zip

Country

HALLANDALE

FL 33009

Advice

(No Phone Advice Required, Credit and Phone Advice, Notify and Pay, Pay Upon Proper I.D.)

NONE

Beneficiary Payment Information

Name

JOYCE HEATH

Org

Account Number

1000014850894

Address

City

State

Zip

Country

Other Payment Information

GA DL 058684969

DOB 4.19.72

EXP 4.19.05 7.465.8339

Fee Method

(Waive/Charge)

CHARGE

Customer Contract

All of the above information is complete, correct and provided to Wachovia Bank, N. A. for the purpose of instructing Wachovia Bank, N. A. to transmit a funds transfer. Wachovia Bank, N. A.'s acceptance and execution of the funds transfer is subject to the terms and conditions on the reverse side of this form. My signature below indicates that I have received a completed copy of this Funds Transfer Request.



1/12/04

PURCHASE ORDER
DEBIT CORPORATION
OF AMERICA, INC.

3475 Sheridan Street, Suite 215F, Hollywood, FL 33021

Phone: (954) 981-4447 • Fax: (954) 981-4421

Toll Free: (800) 468-3213 • Fax: (800) 468-1836

ID# 004234

County Gwinnett

Purchaser's Name Kimberly Linen Date 1/7/04

Purchaser's Address 5085 Lexington Avenue

City Stone Mountain State GA Zip 30087

Home Phone 770-465-8339 Business Phone 678-458-0977

No. of Sales
Systems to ship: 5

Face Value of Prepaid MasterCard
Activation Certificates to ship: \$2,100

Purchase Price Sales Systems \$ 19,490

Purchase Price of Additional Items \$ nc

Total \$ 19,490

Sales Tax (FL Residents Only) \$ n/a

Amount Paid \$ 19,490

Special Provisions bank wire - Wachovia Bank

Purchaser acknowledges the receipt of all Disclosure Documents of Seller ten (10) business days prior to acceptance and deposit of funds and that **this sale is subject to the terms on the reverse of this Purchase Order.**

ACCEPTED AND APPROVED

By: 
COMPANY OFFICER

By: 
BUYER